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**Testimony of
Lisa Sementilli,
Policy & Special Projects Coordinator for the
Permanent Commission on the Status of Women
Before the
Insurance and Real Estate Committee
Tuesday, March 7, 2006**

Re:

SB 428, AA Establishing a Tax Credit for Small Employers Who Provide Health Insurance for Their Employees

SB 423, AA Increasing Health Insurance Coverage for Persons with Diabetes

SB 422, AAC Health Insurance Coverage for Breast Cancer Screening

SB 409, AA Establishing the Nutmeg Health Partnership Insurance Plan

Good morning Sen. Crisco, Rep. O'Connor and members of the committee. My name is Lisa Sementilli and I am the Policy and Special Projects Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify regarding several bills that address health insurance and the needs of those who are uninsured or under-insured.

In support of SB 428, AA Establishing a Tax Credit for Small Employers who Provide Health Insurance for their Employees

As you may know, the PCSW convenes the Women's Economic Development Initiative (WEDI) to support the growth of women-owned small businesses, and we work collaboratively with the Connecticut chapter of NAWBO, the National Association of Women Business Owners. Every year, the top priority for the businesswomen with whom we work is securing affordable health insurance for themselves and their employees.

Women owned businesses are important contributors to the Connecticut economy. In 2004, there were an estimated 81, 987 privately-held, majority women-owned businesses in Connecticut that generated \$7.5 billion in sales and employed 74,125 people. The number of these firms grew by 20.8 % from 1997-2004.¹ Small, women-owned businesses are not only a pathway to economic security for some women – they also contribute to Connecticut's economic growth.

Preliminary results from a survey of Connecticut women business owners conducted this year confirms that the number one issue of concern for women business owners is the cost of health care.² Because of the high price of health care, it is harder for these businesses to recruit and retain the best employees and to be competitive. The financial burden on the women-owned businesses that do provide health care can be significant.

SB 428 takes a positive step forward in relieving the financial pains of small businesses that are trying to provide health care for their employees. Furthermore, the incentive of a tax credit for small businesses is likely to encourage those businesses that do not currently offer health care to their employees to now do so. We urge your support of this bill.

In support of SB 423, AA Increasing Health Insurance Coverage for Persons with Diabetes

We support S.B. 423 which would impose a cap of 25% on co-pays for medically necessary equipment for the treatment of diabetes because this provision would make such equipment more affordable and accessible to moderate-income individuals.

Approximately 9.1 million women in the United States have diabetes. The prevalence of diabetes is at least two to four times higher among African American, Latino, Native American and Asian/Pacific Islander women than among Caucasian women.³ Women with diabetes are at greater risk for heart disease and stroke. According to the Connecticut Department of Public Health, Black and Hispanic women have higher mortality rates due to diabetes and diabetes-related causes than White women. Between 1999 and 2001, Black women died at a rate of 40.2 per 100,000 and Hispanic women at a

¹ The Center for Women's Business Research

² Personal communication, Leila Fecho, Policy Chair, CT Chapter, National Association of Women Business Owners

³ American Diabetes Association. www.diabetes.org/uedocuments/WomenFinal.pdf

rate of 28.9, as compared to the rate of 14.1 for White women.⁴ When analyzing diabetes-related deaths, the rates of death for Black and Hispanic women dramatically increased to a rate of 128.4 and 86.3 per 100,000 respectively, as compared to 53.5 for White women.⁵

Almost 1.25 million Connecticut adults are at increased risk of developing diabetes because they are overweight, have a sedentary lifestyle, or have a history of gestational diabetes, all of which are known risk factors.⁶ Appropriate treatment and management of diabetes will be in the best interests of those who have this disease and also will save health care costs from complications that may result from diabetes.

In support of SB 422, AAC Health Insurance Coverage for Breast Cancer Screening

The PCSW and the Connecticut Women's Health Campaign (CWHC) support the passage of SB 422. This bill would require health insurers to cover the costs of ultrasound screenings for patients with dense breast tissue or certain high risk patients with personal or family history of breast cancer or genetic indications of risk.

Every woman should have access to the best possible screening method available and appropriate to her. Although mammograms are the most widely used technique for detecting cancerous tumors, they may not be the most effective for certain age groups or certain women. For example, when a mammogram is done, bone shows up as white on the x-ray, fat shows up as gray, and a cancerous tumor will appear as light gray or white.⁷ Younger women are more likely to have dense breast tissue which shows up as light gray and could lead to a false positive report.⁸ In such a case, a physician may order an ultrasound to augment a traditional mammogram.

We are fortunate that improvements in technology are providing alternative ways to screen breast cancer so that we can detect and treat it earlier. We urge your support for this bill.

SB 409, AA Establishing the Nutmeg Health Partnership Insurance Plan

We support the goal of S.B. 409 to make health insurance affordable and accessible in our state. We support several provisions of the bill, and have concerns about others. Specifically, we support Secs. 9 and 10 that would require insurers to cover dependent unmarried children up to the age of 26 because we know this is a population that has a high rate of being uninsured. However, young adults in this age group who get married may have no better chance of securing affordable health insurance and we

⁴ CT Department of Public Health. *Connecticut Resident Mortality Summary Tables by Gender, Race & Hispanic Ethnicity, 1999-2001*. Diabetes Deaths: All females 83.2; Black females 40.2; Hispanic Females 28.9, White females: 14.1.

⁵ *Ibid.* Diabetes-Related Deaths: All females 268.2; Black females 128.4; Hispanic Females 86.3, White females: 53.5.

⁶ CT Department of Public Health. *Diabetes Fact Sheet* www.dph.state.ct.us/BCH/HEI/diabetes.htm

⁷ Susan G. Komen Breast Cancer Foundation, available at www.komen.org.

⁸ *Ibid.*

respectfully suggest that this provision could be extended to married people under the age of 26 as well.

We also support sections 5, 6 and 7 that would regulate physician fees and create more accountability and transparency in the delivery of health care services. These are useful provisions that would help consumers make informed choices about their health care and, in some instances, hold down the costs of care.

However, we have serious concerns about Sec. 3 that would allow the sale of insurance policies that do not conform to state laws and requirements about coverage. Although we understand the intention is to provide some type of coverage to people who are otherwise uninsured, we think it is unfair to offer a product and collect premiums for coverage that may fail to meet the patient's needs when he or she needs it the most. As you know, the PCSW and many others have worked hard with the General Assembly to establish basic minimum requirements to meet the health needs of our residents. For example, we have established minimum coverage for hospital stays for childbirth and for partial mastectomies; we have required insurers to cover reconstructive surgery for patients who have had breast cancer. Even today, at this hearing, we are supporting a proposal to require coverage for certain types of breast cancer screening because we believe that this is in the medical best interests of consumers.

We agree that the state must find a solution to the high cost of health care and the high number of people who lack insurance. However, we do not believe that the best solution lies in allowing less than adequate coverage to low or moderate income people that may leave them without adequate health care or with significant medical debt.

Thank you for your attention to these important matters.